S. No. 2
0M—2-43
v. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24894

State File No. 0

FILED JUL 30 1945

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 1877

1. PLACE OF DEATH:

(a) County ST. LOUIS CO

(b) City or town BLACKJACK MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME BLACKJACK MO (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether

In this community 15 Y/A. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town BLACK JACK MO (If outside city or town limits, write "RURAL")

(d) Street No. FLORISSANT STATION R. 1 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY BLUME

3. (b) If veteran, name war NONE

3. (c) Social Security No. 496-18-4013

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MATHILDA BLUME

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased MAY (Month) 20 (Day) 1873 (Year)

8. AGE: Years 72 Months 2 Days 2 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) 0 (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business

FATHER
12. Name AUGUST BLUME
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH GRABE
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mathilda Blume

(b) Address BLACKJACK MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 25 1945 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) 7-27-1945 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Jan 2, 1945, to July 20, 1945 that I last saw him alive on July 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration Sudden

Due to Arteriosclerosis, acute myocarditis, acute

Due to Alcoholism

93 d.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address 2201 N Broadway Date signed 7/23/45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed R. W. Wilkinson

Licensed Embalmer No. 35 75

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.